

Case Number:	CM15-0024999		
Date Assigned:	02/17/2015	Date of Injury:	11/25/2009
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury on 11/25/09. She subsequently reports ongoing back pain. Diagnoses include lumbar degenerative disc disease and discogenic low back pain. The injured worker has undergone lumbar spine surgery. An MRI dated 11/14/14 reveals abnormalities of the lumbar spine. Treatments to date have included prescription pain medications. On 1/13/15, Utilization Review non-certified a request for Outpatient trial of Dorsal Column Simulator, Zanaflex (Tizanidine) 4mg #60 with two refills, Prilosec (Omeprazole) 20mg #30 with two refills and Colace 100mg #90 with two refills based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient trial of Dorsal Column Simulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

Decision rationale: This patient presents with back pain and is s/p lumbar fusion L4-5 and L5-S1 from October 2012. The treater has asked for outpatient trial of dorsal column stimulator on 12/19/14. The patient is "medically/neurologically stable following her two-staged back surgery with continued complaints of chronic lower back pain." The treater states a recent X-ray reveals a solid inter body fusion and no hardware malfunction per 12/19/14 report. The treater is recommending a dorsal column stimulator in place of a lumbar hardware removal per 12/19/14 report. MTUS recommends neurostimulation when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, and angina - following a successful trial. It requires psychological evaluation and clearance. In this case, the patient presents with chronic back pain and has failed a prior back surgery. The patient had a lumbar fusion at L4-5 and L5-S1 in October 2012 with continued complaints of pain. The requested dorsal column stimulator trial may be indicated but the review of the reports do not show that the patient has psychological evaluation. The request IS NOT medically necessary.

Zanaflex (Tizanidine) 4mg #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: This patient presents with back pain. The treater has asked for zanaflex-tizanadine-4mg #60 with two refills on 12/19/14. The patient has been taking Zanaflex since 8/1/14. The patient uses Zanaflex 4mg once daily at night per 8/1/14 report. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient has chronic back pain, and has been using Zanaflex for 4 months without documentation of benefit. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. A record of pain and function should be maintained by the treater. The request for Zanaflex IS NOT medically necessary.

Prilosec (Omeprazole) 20mg #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with back pain. The treater has asked for prilosec-omeprazole-20mg #30 with 2 refills on 12/19/14. The patient was taking Nexium per 8/1/14 report. The patient was taking Pepcid per 9/12/14 report. The patient is taking Nexium and Pepcid currently as of 12/19/14 report. Review of reports shows the patient does not have a history of taking Prilosec. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID. The patient does not have a diagnosis of GERD, gastritis or PUD for which a PPI may be indicated. Although the treater states "patient reports stomach upset with chronic use of medications" per 8/1/14report, the patient has been taking Nexium for 4 months and Pepcid for 3 months without documentation of efficacy. The treater has to say whether or not medications are effective and helping the patient. There is also no risk assessment is provided to determine a need for GI prophylaxis with a PPI either. The request IS NOT medically necessary.

Colace 100mg #90 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter. Topic: Opioid-induced constipation treatment.

Decision rationale: This patient presents with back pain. The treater has asked for COLACE 100MG #90 WITH 2 REFILLS on 12/19/14. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool."In this case, the patient has a chronic pain condition and is on opiates. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the treater's statement that the patient is on opiates, the treater should be allowed the leeway to prescribe a laxative that works for the patient. The requested colace IS medically necessary.